



**JEFFERSON
COUNTY**

2013 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



Contributors

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PREPARED BY



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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Improvement Plan Report 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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Jefferson County Community Health Improvement Plan

EXECUTIVE SUMMARY

Building a healthier Jefferson County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Jefferson County residents. The *Public Health Accreditation Board* defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address health issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Health Priorities and Recommendations

The Jefferson County Community Health Committee identified three key issues – *Education & Outreach, Obesity, and Teen Pregnancy* - and developed recommendations and action steps. It is recommended the Community Health Action Plans be incorporated into the work of the Florida Department of Health in Jefferson County, existing community groups, and health care partners.

Health Priority: Education & Outreach

Goal: Improve Health Outreach and Education in Jefferson County.

Objective 1: Increase by 5% the number of adults who had a medical check-up in the past year from 67.7% to 72.7% by December 31, 2016.

Objective 2: Increase by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9% by 12/31/16.

Health Priority: Obesity

Goal: Decrease rate of obesity in Jefferson County.

Objective 1: Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015.

Objective 2: Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.

Strategy 1: Implement a Physician Outreach Campaign.

Strategy 2: Provide outreach and education regarding importance of healthy weight to adults in Jefferson.

Health Priority: Teen Pregnancy

Goal: Decrease the rate of Teen Pregnancy.

Objective 1: Provide Evidence-Based program(s) focused on youth development and life skills to 50% of all middle and high school students by June 30, 2015.

Objective 2: Provide Making A Difference (M.A.D.) focused on youth development and life skills to 50% of elementary students by June 30, 2015.

INTRODUCTION

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health. Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the

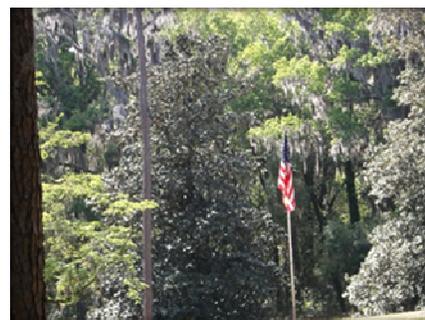


community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Florida Department of Health in Jefferson County, working with community health partners, initiated community-wide strategic planning for improving community health utilizing the *Mobilizing for Action through Planning and Partnerships* (MAPP) model. MAPP was developed by the *National Association of County and City Health Officials* (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.

METHODOLOGY

The Florida Department of Health in Jefferson County and community health partners met together for the purpose of evaluating the health status of the citizens of the Jefferson County area in order to develop health improvement interventions. The goal of these partners was to develop and implement comprehensive, community-based health promotion and wellness programs in the Jefferson County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.



The NACCHO MAPP model for community health planning was used, which provides a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

The ***Community Health Status Assessment*** provided a “snapshot in time” of the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions. Florida Department of Health in Jefferson County conducted a Community Health Status Profile in September 2011. Data from the 2010 U.S. Census, U.S. Bureau of Labor Statistics, and the Florida Department of

Health, Legislative Office of Economic and Demographic Research, Department of Children and Families, Department of Law Enforcement, and Agency for Health Care Administration was utilized in the *Community Health Status Assessment*. Major findings from the ***Community Health Status Assessment*** included:

- The population of 14,688 residents had an median wage of \$28,646.
- Jefferson County's population was 59.3% White and 38.3% Black/African American.
- The median age in Jefferson County is with 39.4 years.
- In 2011, the leading causes of death were: 1) Cancer, 2) Heart Diseases, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injuries and 5) Alzheimer's Disease.
- The death count from Malignant Neoplasm (Cancer) for White females has doubled since 2009 with 8 deaths to 17 deaths in 2011, and has tripled for Black males from 3 in 2010 to 10 in 2011.
- Death rates for Heart Disease for Black females doubled from 2008 to 2011, from 2 deaths to 5, and for White males from 7 in 2010 to 17 in 2011.
- There was an increase in death rates from CLRD for White females from 1 in 2010 to 4 in 2011.
- Deaths from Unintentional Injuries for Black males increased five times from 2010 to 2011
- Diabetes was the eighth leading cause of death in Jefferson County for 2011. Diabetes in Black females is nearly twice the state rate among adults who responded to the 2010 BRFSS survey.
- Among Jefferson County residents who responded to the 2010 BFRSS survey, the percentage of White males and females and Black females who were obese was higher than the state percentages. Over one-third (36.3%) of White males were overweight.



- Jefferson County has a higher three-year rate, as compared to the state, for births to mothers ages 10 to 18 (15.8%) and mothers ages 15 to 19 (47.4%) per 1,000. In addition, births to unwed mothers are higher in Jefferson County (58.5%) as compared to the state (47.3%).
- Infant mortality three-year rates were higher in 2008 to 2010 for Jefferson County as compared to the state rates for all indicators.
- There were 2,573 Jefferson County residents or 17.6% of the total population enrolled in Medicaid in 2011. Jefferson County had a higher rate of Medicaid enrollment than Florida's rate from 2009 to 2011.
- There were a total of 17 alcohol-related motor vehicle crash injuries in Jefferson County in 2010 which represents a rate of 115 per 100,000 Jefferson County residents. This is over two times the state rate of 64.7 per 100,000 residents.



Community perceptions of the health care system are a critical part of the MAPP process. **Community Themes and Strengths** were in April - May 2011 by 311 Jefferson County residents who responded to an online or hard copy survey. Perceptions of the quality and accessibility of healthcare in Jefferson County were assessed. Survey results indicated residents were concerned with:

- Access to and coordination of health care services
- Limited health insurance
- High usage of Emergency Room
- Limited health care awareness
- High self-report of chronic illness
- Moderate self-report of personal health

Community health partners participated in the **Forces of Change Assessment** workshop on January 2011 in order to identify what is occurring or might occur that

impacts the health of the community and local public health system. Nine themes or issues, with corresponding sub-themes and threats, were identified:

- Limited health literacy
- High unemployment/lack of jobs
- High poverty levels
- Access to and coordination of health care services
- Chronic diseases and risks increasing
- High percentage of population that are overweight, obesity, and have diabetes
- Sexually Transmitted Diseases increasing
- High poverty levels
- Lack of transportation

Data from the **2012 County Health Rankings**, compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were reviewed by community partners throughout the MAPP process. In addition, community health partners reviewed the **10 Essential Public Health Services** rankings from the **Local Public Health Performance Standards Program**.

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**JEFFERSON
COUNTY**

STRATEGIC PRIORITIES & GOALS

As part of the Jefferson County Community Health Improvement Project, the "Mobilizing for Action through Planning and Partnerships" (MAPP) a Strategic Priorities and Goals workshop was conducted on August 16, 2012. Twenty-three community health partners participated in the workshop and identified four community health themes for Jefferson County.

BACKGROUND



As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Jefferson County, Quad R, LLC was contracted by the Florida Department of Health in Jefferson County to facilitate the Strategic Priorities & Goals workshop on August 16, 2012.

The purpose of this workshop was to identify health priorities which are impacting Jefferson County residents and to develop goal statements and strategies for each priority.

A total of 23 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies.

Participants represented a cross-section of the community and input provided was

based on their knowledge, awareness and perceptions of related health concerns with Jefferson County. The list of participants can be found in Appendix 1.

METHODS



Two weeks prior to the scheduled *Strategic Priorities & Goals* workshop, community health partners were contacted by e-mail from the Florida Department of Health in Jefferson County regarding the date, time, and purpose of the workshop. One week prior to the workshop, community health partners were provided the agenda and a follow

up letter further explaining the purpose and importance of the meeting.

The participants were welcomed to the workshop by the Florida Department of Health in Jefferson County Administrator, Kimberly Allbritton. Participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator then asked participants to examine the data which highlighted key health statistics for Jefferson County. This data included:

- Jefferson County Community Health Status Profile – Executive Summary
- U.S. Census Quick Facts for Jefferson County
- County Health Rankings
- Florida Department of Health CHARTS – Jefferson County Health Summary
- Florida Legislature, Office of Economic and Demographic Research – Jefferson County Summary (July 2012)



Participants reviewed the data individually and identified key health issues and/or needs for Jefferson County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public

health system operate within Jefferson County.

Participants were then divided randomly into five groups, and asked to combine their health issues and/or concerns (sticky notes) into common themes or categories. Each group worked collaboratively to cluster their issues and identify a label for the theme or category.



Workshop participants were re-assigned to one of five breakout groups. One group reviewed all the themes and categories and re-assembled them into a master list of community health issues. Two groups worked independently to create a list of the *Resources* available in Jefferson County to address community health issues and concerns. Two groups separately identified the *Barriers/Challenges* impacting community health issues and concerns in Jefferson County. The list of *Resources* and *Barriers/Challenges* are found at the end of this report.

The two lists for the *Resources* and *Barriers/Challenges* were combined. The breakout groups individually reviewed the *Priority Health Issues*, *Resources*, and *Barriers/Challenges* lists and revised as needed. Each group worked to ensure the *Priority Health Issues* were distinct categories. Eight health issues were identified:

- Chronic, Infectious, Preventable, Controllable Diseases
- Limited Educational Resources
- Unsafe Practices
- Poor Health Behaviors and Healthy Lifestyle Choices
- Limited Healthcare/Limited Access
- Maternal/Child Health
- Breaking the Cycle
- Accountability

Workshop participants self-selected into one of the eight health issues. The facilitator reviewed the key terms associated with goals and strategies on the back of the agenda with the participants. Each workgroup was then tasked with developing a Goal Statement and Strategies for their health issue. Once each workgroup had at least 2



strategies for the health issue, the participants reviewed the work for the other seven issues. Participants provided feedback and added additional strategies as needed. In addition, participants worked collaboratively to structure the goals and strategies in the format associated with MAPP process.

Workgroups were then provided the *Goal & Strategies* template on a large easel chart paper. Each workgroup selected at least two strategies from the list created in the previous step, and identified *Barriers/Challenges* from the master list which could prevent or act as a challenge to implementing and/or completing the strategy. These were listed on the *Goal & Strategies* template. In addition, the workgroup identified factors associated with the *Implementation* of the strategy, such as a proposed timeline for completion, lead and key members, and resources.

Workgroups reviewed each other's work and provided feedback. Each group continued to add information on the *Goal & Strategies* template for their health issue. The results of the groups' efforts are at the end of this report. The goals and strategies developed during the workshop are found on the following pages. The priority issues included:

GOALS & STRATEGIES

Jefferson County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Chronic, Infectious, Preventable, Controllable Diseases	Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.	1. Educate & increase awareness of importance of healthy life styles & change unhealthy behaviors.	<p>Timeline 5 years</p> <p>Lead & Team Members TBD</p> <p>Resources Jefferson County Health Department Extension Children's Medical Services (CMS) Faith-based groups Hospital based education</p>
		2. Provide chronic disease educational classes.	<p>Timeline Immediate- 1 year</p> <p>Lead & Team Members Qualified health Local physicians Health Care providers</p> <p>Resources Jefferson County Health Department Tallahassee Memorial Hospital Gerry Medical Center</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Chronic, Infectious, Preventable, Controllable Diseases (continued)	Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.	3. Provide sex education to age specific groups.	<p>Timeline Immediate</p> <p>Lead & Team Members Bill Brumfield School Board Florida Department of Health in Jefferson County educators Family organizations</p> <p>Resources Jefferson County Health Department Schools Extension</p>
		4. Increase awareness of importance of healthy lifestyle.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Chronic, Infectious, Preventable, Controllable Diseases (continued)	Residents of Jefferson County will be empowered to prevent & control chronic & infectious disease.	5. Provide incentives to encourage participation in healthy activities.	Timeline TBD Lead & Team Members TBD Resources TBD
		6. Implement evidence – based strategies to improve health literacy.	Timeline TBD Lead & Team Members TBD Resources TBD

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Educational Resources	All persons in Jefferson County will have access to higher quality education.	1. Increase educational services available.	<p>Timeline 3 years</p> <p>Lead & Team Members School board County elected officials Adult Education leader</p> <p>Resources Extension</p>
		2. Improve school readiness.	<p>Timeline 1-2 years</p> <p>Lead & Team Members Professionals from local organizations Faith-based leaders County elected officials</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Educational Resources (continued)	All persons in Jefferson County will have access to higher quality education.	3. Increase graduation rates from high school.	<p>Timeline 1 – 3 years</p> <p>Lead & Team Members School board</p> <p>Resources Department of Education County school officials Federal laws</p>
		4. Improve the quality & accountability of Jefferson County schools.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Unsafe Practices	All persons living in our community will live in a safe environment.	1. Increase enforcement & accountability for moving violations (Motor Vehicle Accidents/speeding).	<p>Timeline Ongoing</p> <p>Lead & Team Members Jefferson County Sheriff's Office (JCSO) Monticello Police Department (MPD)</p> <p>Resources Up staff</p>
		2. Educate community to promote safe behavior, including the importance of the use of vehicle safety devices, and farm safety.	<p>Timeline Ongoing</p> <p>Lead & Team Members Schools CAD Faith-based organizations Everyone Extension service Law enforcement</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Unsafe Practices (continued)	All persons living in our community will have a safe environment.	3. Increase awareness & services for victims of neglect (elder, spousal, children).	<p>Timeline Immediately and ongoing</p> <p>Lead & Team Members Department of Children & Families (DCF) Elder Affairs Faith-based organizations Senior Center Jefferson County Health Department Jefferson County Sheriff's Office (JCSO) Monticello Police Department (MPD)</p> <p>Resources TBD</p>
		4. Work with faith-based organizations to promote safe behavior.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Poor Health Behaviors and Healthy Lifestyle Choices	Empower people in our community to make healthy choices and live in a healthy community.	1. Provide education on healthy nutrition choices.	<p>Timeline 1 year</p> <p>Lead & Team Members TBD</p> <p>Resources WIC Schools Jefferson County Health Department Extension office Physician's office Faith-based organizations</p>
		2. Increased social support for physical fitness opportunities.	<p>Timeline 1 year</p> <p>Lead & Team Members Schools</p> <p>Resources Faith-based organizations Schools Extension office</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Poor Health Behaviors and Healthy Lifestyle Choices (continued)	Empower people in our community to make healthy choices and live in a healthy community.	3. Establish community partnerships to enhance participation of target populations.	<p>Timeline 1 year</p> <p>Lead & Team Members TBD</p> <p>Resources Faith-based organizations WIC Extension office Healthy Start Jefferson County Health Department Civic clubs</p>
		4. Provide affordable fruits & veggies for all families in Jefferson County.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Healthcare/Limited Access	All people within our community will have access to quality (safe, effective, people-centered, timely, efficient, equitable) and affordable healthcare and other services.	1. Increase (healthcare) services to underserved populations in Jefferson County.	<p>Timeline TBD</p> <p>Lead & Team Member TBD</p> <p>Resources TBD</p>
		2. Offer non-traditional, extended hours of operations at existing facilities.	<p>Timeline 6-12 months</p> <p>Lead & Team Members Tallahassee Memorial Hospital Family Planning (TMHFP) Tri County Federally Qualified Health Center (FQHC) Florida Department of Health in Jefferson County Private providers</p> <p>Resources Individual providers/ staff</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Limited Healthcare/Limited Access (continued)	All people within our community will have access to quality (safe, effective, people-centered, timely, efficient, equitable) and affordable healthcare and other services.	3. Determine/evaluate the reasons why Jefferson County residents are not accessing services.	<p>Timeline 6 months</p> <p>Lead & Team Members Florida Department of Health in Jefferson County</p> <p>Resources Staff</p>
		4. Provide transportation to healthcare facilities.	<p>Timeline TBD</p> <p>Lead & Team Member TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Maternal/Child Health	All children born in Jefferson County will be born healthy.	1. Provide preconception education to all women of child bearing age.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Florida Department of Health in Jefferson County Healthy Start Coalition (HSC) Tallahassee Memorial Hospital Federally Qualified Health Center Capital Regional Medical Center Jana Grubb's Shoppe</p> <p>Resources Staffing Funding</p>
		2. Educate pregnant women on the importance of maintaining obstetrical care during pregnancy.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Chief Health Officer (CHO) Healthy Start Coalition (HSC) Tallahassee Memorial Hospital Federally Qualified Health Center Capital Regional Medical Center</p> <p>Resources</p>

			Staffing & Funding
Jefferson County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Maternal/Child Health (continued)	All children born in Jefferson County will be born healthy.	3. Teach parents how to discuss sexuality with their children.	Timeline Jan 2015 Lead & Team Members Florida Department of Health in Jefferson County Tallahassee Memorial Hospital (TMH) Federally Qualified Health Center (FQHC) Capital Regional Medical Center (CRMC) Resources Staffing Funding
		4. Educate women (girls) on the importance of early prenatal care.	Timeline TBD Lead & Team Member TBD Resources TBD

Jefferson County Community Health Project – Strategic Priorities & Goals			
Priority Issue	Goal	Strategy	Implementation
Maternal/Child Health (continued)	All children born in Jefferson County will be born healthy.	5. Elect a Board of Education that will support the above strategies.	Timeline TBD Lead & Team Member TBD Resources TBD

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
<p>Breaking the Cycle</p>	<p>All families and individuals in Jefferson County will live above Federal Poverty level.</p>	<p>1. Develop a community- based strategic plan with input from parents, business, government entities and civic organizations to improve the educational system in Jefferson County.</p>	<p>Timeline 2 years</p> <p>Lead & Team Members Superintendent County/City government School Board Civic organization members Parents Community members</p> <p>Resources Schools Whole Child Civic organizations PTA 4-H Head Start Early Head Start (EHS) Early Learning Coalition (ELC) Healthy Start School Board County/City government</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Breaking the Cycle (continued)	All families and individuals in Jefferson County will live above Federal Poverty level.	2. Promote economic development.	<p>Timeline Now</p> <p>Lead & Team Members Julie Conley Dick Bailar Bank officers Chamber member(s) County/City government</p> <p>Resources TBD</p>
		3. Encourage faith-based organizations to promote personal responsibility.	<p>Timeline 1 year</p> <p>Lead & Team Members Pastors & Deacons Workforce</p> <p>Resources Churches Florida Department of Health in Jefferson County Extension office Whole Child Civic organizations</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Breaking the Cycle (continued)	All families and individuals in Jefferson County will live above Federal Poverty level.	4. Promote a motivated and prepared workforce.	<p>Timeline TBD</p> <p>Lead & Team Members TBD</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Accountability	To have a coordinated system of healthcare and health promotions through collaboration and partnership.	1. Develop effective community partnerships.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Jefferson County Health Department Tallahassee Memorial Hospital Jefferson County School Board County Commission Jefferson County library Faith-based organizations</p> <p>Resources TBD</p>
		2. Seek governmental participation in developing healthcare partnerships.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Jefferson County Health Department Shared Services Local government</p> <p>Resources TBD</p>

Jefferson County Community Health Project – Strategic Priorities & Goals

Priority Issue	Goal	Strategy	Implementation
Accountability (continued)	To have a coordinated system of healthcare and health promotions through collaboration and partnership.	3. Develop a social networking campaign.	<p>Timeline Jan 2015</p> <p>Lead & Team Members Shared services</p> <p>Resources Manpower</p>

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SUMMARY/KEY FINDINGS

The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process.

These findings can be used in conjunction with the other three MAPP assessments to



develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Jefferson County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Jefferson County and the state of Florida.

Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. *Breaking the Cycle, Accountability, and Limited Healthcare/Limited Access* were identified as key priority health issues.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Jefferson County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Jefferson County and the state of Florida also present the need to address language and cultural barriers. *Unsafe Practices and Limited Educational Resources* are priority issues which impact the health of Jefferson County residents.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of

medical malpractice, use and overuse of technology, and need for sustainable energy resources are issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems. With the rise in unemployment, there is a greater need for all public health services. *Chronic, Infectious, Preventable, Controllable Diseases, Poor Health Behaviors and Healthy Lifestyle Choices, and Maternal/Child Health* are priority issues which impact and are impacted by the other health issues identified in the workshop.



Because there are eight Priority Issues, it is recommended that those representing similar health outcomes be combined. For example, *Unsafe Practices, Chronic, Infectious, Preventable, Controllable Diseases* and *Poor Health Behaviors and Healthy Lifestyle Choices* represent areas of a *Healthy Community* and have similar health outcomes. *Limited Educational Resources* and *Accountability* have strategies which represent community outreach and education and should be combined into a *Health Education* area.

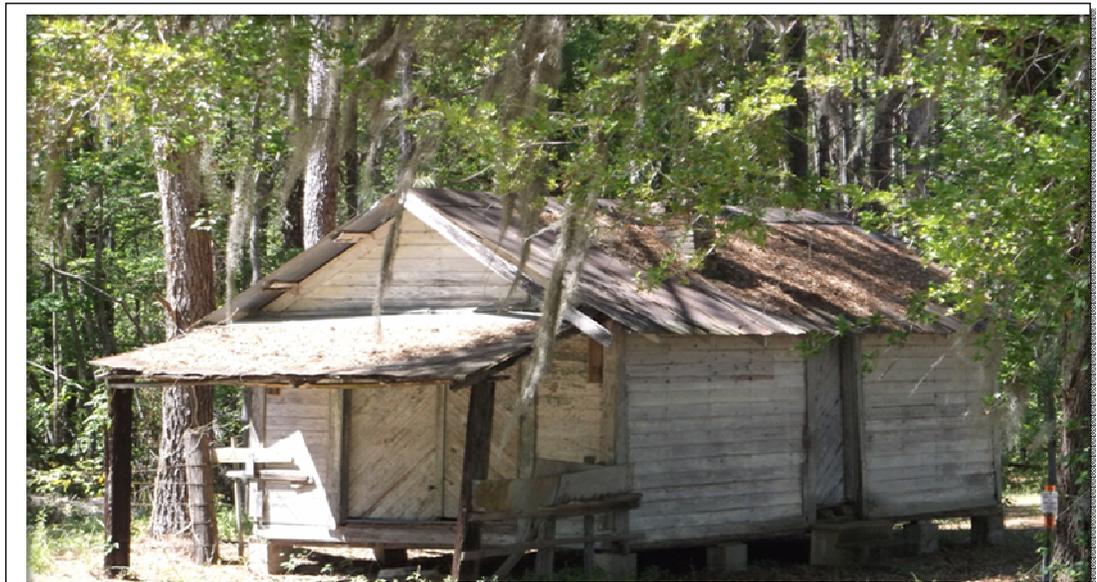
In addition, the strategies within each Priority Issue should be reviewed, as some of the strategies would be better represented under a different Priority Issue. For example, the Priority Issue *Chronic, Infectious, Preventable, Controllable Diseases* has several strategies related to education and community outreach which would “fit” with the strategies represented by the *Limited Educational Resources* and *Accountability* issues.

By combining “like” health outcomes for the eight Priority Issues, the result would be:

- Health Education
- Limited Healthcare/Limited Access
- Maternal/Child Health
- Breaking the Cycle
- Healthy Community

In summary, these strategic priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Jefferson County community. These strategic priorities and goals impact multiple sectors of the Jefferson County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.

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2013

ACTION PLAN (Program planning,
Implementation, and Evaluation)

As part of the Jefferson County Community Health Improvement Project, the “Mobilizing for Action through Planning and Partnerships” (MAPP) two CHIP workshops were conducted on April 10 and April 29, 2013. Thirty community health partners participated in these workshops and developed the Action Plans for community health improvement.

BACKGROUND

Community Health Improvement Team members met to develop the ***Community Health Improvement Plan***, which involved creating an action plan that focused on program planning, implementation, and evaluation. Two four-hour workshops were held in Monticello, Florida on April 10 and April 29, 2013. The sessions were facilitated by Quad R, LLC and session logistics were coordinated with the Florida Department of Health in Jefferson County. Appendices 1 and 2 contain the email invitation, agenda, and list of workshop participants for both workshops.

METHODS

There were 30 community health partners representing a diverse collection of public and private agencies in Jefferson County at the April 11th workshop held at the Monticello Opera House in Monticello, Florida. The workshop participants were welcomed by the Florida Department of Health in Jefferson County Administrator, Kimberly Allbritton. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda, and provided each participant with a data folder which represented health information about Jefferson County residents. This data included:



- Florida Department of Health CHARTS – Jefferson County Health Status Summary (accessed March 30, 2013)
- 2013 County Health Rankings (Florida Big Bend, Florida Public Health Institute)
- Florida Legislature, Office of Economic and Demographic Research – Jefferson County Summary (accessed March 30, 2013)
- Jefferson CHARTS Pregnancy & Young Child Profile (accessed March 30, 2013)

- Jefferson CHARTS School-aged Child & Adolescent Profile (accessed March 30, 2013)
- 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report
- Florida Department of Law Enforcement January-December 2011 Crime in Jefferson County Summary
- Jefferson County Quick Facts, US Census Report (accessed March 30, 2013)
- Florida Youth Tobacco Survey (FYTS) 2012 – Jefferson County at a Glance
- Jefferson County: Specialty and Flavored Tobacco Trends Among Youths (Ages 11-17) from the Florida Youth Tobacco Survey (Florida Department of Health)

The facilitator reminded workshop members that the data was to serve as the foundation of the Action Plan efforts. The eight health goals and strategies from the August 2012 **Goals & Strategies** workshop was also provided to the participants.

These eight health issues were:

- Chronic, Infectious, Preventable, Controllable Diseases
- Limited Educational Resources
- Unsafe Practices
- Poor Health Behaviors and Healthy Lifestyle Choices
- Limited Healthcare/Limited Access
- Maternal/Child Health
- Breaking the Cycle
- Accountability

After reviewing the goals and strategies, each participant self-selected into one of the eight health issues and identified two “Do-able” activities for that health issue on the easel chart sheets provided. The participants were reminded to review the data to determine what activities could be measured and could be accomplished by 2016 with the current resources in Jefferson County. The participants then reviewed each health issue and added “Do-able” activities. This work is located in Appendix 2.

The workshop participants were instructed to review the information on each health, issue in conjunction with the data, and vote for the most “Do-able” activities for each health issue. Next, the participants used a multi-voting technique to prioritize the health issues. This technique allows the participants to narrow the list of health issues using the criteria of “Most Do-able” and “Most Achieve-able” within the parameters of the resources and timeline.

Three health issues emerged from this process:

- Education and Outreach
- Obesity
- Teenage Pregnancy

The facilitator reviewed the information regarding goals and SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) Objectives provided on the agenda. Workshop participants self-selected into one of the five health issues. Each team developed a goal and SMART objectives for their health issues. Workshop participants reviewed the goal and SMART objective for each health issue and provided feedback. The goals and SMART objectives were further refined by each team. The results from this first CHIP workshop can be found in Appendix 2.

The second workshop was held on April 29, 2013 at the Monticello Opera House. There were 24 community health partners representing a diverse collection of public and private agencies in Jefferson County. The workshop participants were welcomed by the Florida Department of Health in Jefferson County Administrator, Kimberly Allbritton. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda and provided the Action Plans developed in the April 10th CHIP Workshop 1. Data folders were provided to those participants who either did not attend the April 10th workshop or did not bring their data folder. Appendix 2 contains the email invitation, agenda, and list of participants for this workshop.

Participants reviewed the three Action Plans developed in the previous workshop. The workshop members self-selected into one of the three Action Plan issues. The

participants focused each workgroup's efforts on refining and completing the Action plan template for these three health issues. Activities were delineated for each SMART objective. Evaluation measures were identified for each activity and the final evaluation was linked back to the baseline measure for the SMART objective. In addition, the participants identified lead roles, community resources, and target date(s) for completion for each activity contained in the Action Plan.

Each Action Plan contained the following components:

- Goals and Objectives for improving Jefferson County Health Issues
- Performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Designation of accountable persons and organizations for implementing strategies
- Measurable health outcomes or indicators to monitor progress

It should be noted that each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan. The teams decided either there were no policy changes required or needed policy changes would emerge through the activities within the Action Plan and would be addressed and added to the Action Plan. A presentation with the evaluation measure of "Approval Obtained" was identified for these specific Action Plans with identified policy changes.

The final product is presented on the following pages.

Priority Issue: Outreach and Education

Goal: Improve Health Outreach and Education in Jefferson County.

Objective 1: Increase by 5% the number of adults who had a medical check-up in the past year from 67.7% to 72.7% by December 31, 2016.

Baseline Measure/Source:

Percentage of adults who had a medical checkup in the past year								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	67.7	61.0	74.4	69.7	68.5	71.0	71.0
SEX	Men	66.4	55.8	77.1	66.5	64.5	68.5	62.2
	Women	69.3	62.9	75.8	72.8	71.3	74.3	82.7 *
RACE/ETHNICITY	Non-Hisp. White	62.9	54.5	71.3	71.6	70.4	72.9	70.2
	Non-Hisp. Black	80.8	70.7	90.9	71.9	67.5	76.2	78.1
	Hispanic				59.4	54.8	64.1	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	59.4	46.4	72.5	68.4	66.4	70.4	65.6
	Non-Hisp. White Women	67.6	59.5	75.7	74.7	73.3	76.1	76.5
	Non-Hisp. Black Men	83.2	66.8	99.6	64.6	57.1	72.1	65.4
	Non-Hisp. Black Women	78.3	67.1	89.5	77.4	72.5	82.2	93.4
	Hispanic Men				56.6	49.1	64.1	
	Hispanic Women				62.2	56.7	67.7	
AGE GROUP	18-44	58.9	45.7	72.2	53.8	51.3	56.2	57.7
	45-64	66.0	56.1	75.9	72.3	70.5	74.1	79.4
	65 & Older	85.1	78.1	92.2	90.3	89.4	91.2	90.6

(Florida BRFSS 2010)

Strategy: Increase access to population-based and personal healthcare services by increasing knowledge of services.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Develop a Task Force.	Community Health Improvement Team	1/5/14		Task Force formed.	
2. Review Action Plan and revise as needed.	Task Force	2/1/14		Action Plan finalized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
<p>3. Develop implementation plan for conducting a Focus Group (diversified and skilled) to determine/evaluate the reasons why Jefferson County residents are not accessing services to include:</p> <ul style="list-style-type: none"> a. Logistics b. Participants c. Staff d. Questionnaire e. Focus group questions f. Evaluation tool(s) g. Incentives h. Sponsor(s) 	Task Force	3/1/14		Implementation plan developed.	
<p>4. Implement Focus Group plan, to include:</p> <ul style="list-style-type: none"> a. Invite residents for Focus Group b. Set location c. Create Questionnaire d. Establish location, date, time e. Obtain incentives f. Conduct focus group 	Task Force	7/1/14		<ul style="list-style-type: none"> • Plan implemented. • Data collected. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Analyze and summarize data from Focus Group.	Task Force	7/30/14		Data summarized.	
6. Develop a resource inventory of all medical services and providers. a. Gather information & validate by telephone, or hand survey, Chamber of Commerce, Agency for Healthcare Administration, Department of Health (DOH) provider registry.	<ul style="list-style-type: none"> • Task Force • Approved managed care organization by AHCA 	12/31/14		Written resources directory completed.	
7. Print a Resource Inventory. a. Proof the draft b. Print final document	Task Force	1/30/15		Resource Inventory printed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Develop an implementation plan for community services to include: <ul style="list-style-type: none"> a. Community health fairs b. Faith-Based displays, c. Community-Based Organizations (CBO), d. Parent Teacher Organizations (PTO'S) e. Parent Involvement Committee (PIC) f. School Based Organization Activities g. Door to door outreach h. Evaluation tool(s) 	Task Force	9/30/15		Resource Inventory distributed. Data collected.	
9. Analyze and summarize data.	Task Force	11/30/16		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Evaluate and compare to baseline.	Community Health Improvement Team	12/31/16		Increased by 5% the number of adults who had a medical check-up in the past year from 67.7% to 72.7%	
11. Determine Next Steps.	Community Health Improvement Team	12/31/16		Next Steps determined.	

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Priority Issue: Outreach and Education						
Goal: Improve Health Outreach and Education in Jefferson County.						
Objective 2: Increase by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9% by 12/31/16.						
Baseline Measure/Source:						
Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Percent of students ready for school at kindergarten entry	Percent	2010	2nd Quartile		92.90%	91.10%
Florida Department of Health (FDOH) Charts.						
Strategy: Increase awareness of importance of child readiness for kindergarten.						
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results	
1. Form Task Force	<ul style="list-style-type: none"> School Officials Parents Faith-based Parent/Teacher Organization (PTO) Parent/Teacher/Student Organization (PTSO) Parent Task Force School Social Workers University Florida Department of Education (FDOE) Educational Research Firm 	8/30/2013		Task Group formed		

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
2. Review Action Plan/revise as needed	Task Force	1/30/14		Plan is finalized	
3. Determine current local practices on promoting Kindergarten readiness for children ages 2-5 and identify areas of need in the community	Task force	3/28/14			
4. Research and identify Evidence-Based Program(s) (EBP) successful in other areas. a. Hire research person or do themselves.	<ul style="list-style-type: none"> • School Officials • Parents • Faith-based • Parent/Teacher Organization (PTO) • Parent/Teacher/Student Organization (PTSO) • Parent Task Force • School Social Workers • University • Florida Department of Education (FDOE) • Educational Research Firm • Evaluator 	3/30/14		Person is chosen to head research	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Conduct research and analyze data to identify applicable programs	Task Force	6/30/14		<ul style="list-style-type: none"> • Research is complete. • Evidence-Based Program (EBP) • is chosen to be implemented. 	
6. Development of educational materials preparation for outreach events, and survey for evaluation.	Task force	7/30/14		Materials complete and dates/locations/partners confirmed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Community outreach for desperate populations through presentations, educational materials, speakers, mass-mailing, sending home info packets with all public and private school students and at daycares (including home daycares) and pre-schools	<ul style="list-style-type: none"> • Parenting and community liaison • Community organizations and facilities • Chamber of Commerce • Watermelon Festival • Faith-Based Community 	9/30/14		Materials presented to: Elementary schools, Daycares, Preschool, Middle and High school	
8. Sponsor community-wide events to disseminate info; survey event attendees.	Task Force	12/30/14		Community-wide events conducted.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Evaluate against Baseline measure	Florida Department of Health (FDOE)	6/30/2015		Increased by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9%.	

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Priority Issue: Obesity		
Goal: Decrease rate of obesity in Jefferson County.		
Objective 1: Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015. (tentative)		
Baseline Measure/Source:		
Indicator	Middle School	
	Jefferson County %	95% CI
Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)	24.4	(13.1 - 35.8)
Overweight (i.e., at or above the 85 th percentile but below the 95th percentile for body mass index, by age and sex)	22.7	(6.2 - 39.3)
Sufficient vigorous activity	51.5	(43.1 - 59.9)
Sufficient moderate activity	20.6	(11.4 - 29.9)
Exercised to lose weight or to keep from gaining weight during the past 30 days	45.3	(28.0 - 62.6)
Described themselves as slightly or very overweight	26.3	(12.3 - 40.3)
(Florida Youth Tobacco Survey 2012 - FYTS) 20.6% of students report engaging in moderate physical activity		

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	County Health Department(CHD) Staff Jefferson School Staff Jefferson School Board Extension Champions Citizens Action Committee Faith-Based AHEC	10/1/13		Committee formed.	
2. Review Action Plan and revise as needed.	Committee	10/1/13		Action Plan finalized.	
3. Assess available physical activity opportunities.	Committee	12/1/13		Assessment completed.	
4. Research Evidence-Based Program's (EBP) and their potential impact on middle school student physical activity.	Committee	2/1/14		<ul style="list-style-type: none"> • Create report of Evidence-Based Program (EBP) options. • Research completed. 	
5. Establish criteria for program selection.	Committee	3/1/14		Create evaluation matrix.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Select top 3 programs based on selection criteria.	Committee	3/1/14		Top 3 programs selected based on evaluation matrix.	
7. Modify program(s) to meet Jefferson County middle school student needs.	Committee	4/1/14		Program(s) modified.	
8. Develop implementation plan to include: a. Program needs b. Schedule c. Training curriculum d. Identify instructors for training e. Identify staff to participate in training. f. Training plan with logistics. g. Announcement h. Parent information i. Handouts/materials j. Evaluation tool (s) k. Cost l. Sponsor(s) m. Incentives	Committee	4/1/14		Implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Develop presentation for School Advisory Council to include: a. Multi-media needs b. Handouts c. Speaker(s) d. Evaluation tool	Committee	3/1/14		Presentation created.	
10. Schedule presentation for School Advisory Council.	Committee	3/30/14		Presentation scheduled.	
11. Present recommendations to School Advisory Council (SAC), School, Faith-based, etc.	Committee	5/31/14		<ul style="list-style-type: none"> • Presentation given. • Approval obtained. • Evaluation data collected. 	
12. Analyze and summarize data from presentation.	Committee	6/5/14		Data summarized.	
13. If approval not obtained, repeat Steps 9-12.	Committee	TBD		See evaluation measures for Steps 9-12.	
14. If approval obtained, select course of action.	Committee	6/30/14		Action chosen.	
15. Modify program(s) based on presentation evaluation data in Step 12.	Committee	7/30/14		Program(s) modified.	
16. Modify implementation plan based on presentation evaluation in Step 12.	Committee	7/30/14		Implementation plan modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
17. Implement training plan with logistics confirmed.	<ul style="list-style-type: none"> • Committee • Champions 	8/1/14		<ul style="list-style-type: none"> • Training plan implemented. • Training certification acquired. 	
18. Initiate Implementation plan.	Committee	8/1/14		<ul style="list-style-type: none"> • Implementation plan started. • Evaluation data collected. 	
19. Analyze and summarize data at mid-year point.	<ul style="list-style-type: none"> • Committee • School • Parents 	1/30/15		Mid-year evaluation.	
20. Analyze and summarize data at end of school year.	<ul style="list-style-type: none"> • Committee • School • Parents 	6/30/15		Data summarized.	
21. Evaluate action and compare to baseline to assess success.	Committee	8/31/15		Increased the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6%.	
22. Determine Next Steps.	Committee	8/31/15		Next Steps determined.	

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Priority Issue: Obesity

Goal: Decrease the rate of Obesity in Jefferson County.

Objective 2: Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.

Baseline Measure/Source:

2010 Florida BRFSS Data Report

Jefferson

Overweight & Obesity

Percentage of adults who are overweight or obese

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	69.5	63.0	76.0	65.0	63.8	66.2	71.1
SEX	Men	72.9	62.7	83.1	73.6	71.7	75.5	79.5
	Women	64.7	58.0	71.4	56.5	55.0	58.1	58.4
RACE/ETHNICITY	Non-Hisp. White	66.5	58.4	74.6	63.1	61.9	64.4	69.4
	Non-Hisp. Black	75.4	62.4	88.4	79.1	75.3	82.8	78.9
	Hispanic				66.4	61.9	71.0	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	71.2	58.6	83.9	74.1	72.2	75.9	79.4
	Non-Hisp. White Women	59.8	51.2	68.3	52.2	50.6	53.9	55.2
	Non-Hisp. Black Men	69.8	47.3	92.4	80.1	74.1	86.2	84.0
	Non-Hisp. Black Women	81.5	71.0	92.0	78.2	73.5	82.9	70.8
	Hispanic Men				70.9	63.4	78.4	
	Hispanic Women				62.0	56.6	67.5	
AGE GROUP	18-44	59.8	45.8	73.8	60.7	58.2	63.2	73.0
	45-64	73.1	64.1	82.1	69.8	68.0	71.7	71.8
	65 & Older	72.9	64.4	81.5	63.7	62.2	65.3	64.3

Florida BRFSS 2010

Strategy 1: Implement a Physician Outreach Campaign.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee	County Health Department Staff	12/1/13		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	12/15/13		Action Plan finalized.	
3. Identify local healthcare providers.	Committee	2/1/14		Local healthcare providers identified.	
4. Develop tool for assessing what providers do with regards to BMI, nutrition, and physical activity counseling.	Committee	3/31/14		Assessment tool developed.	
5. Assess local healthcare providers' practices using assessment tool by noting what they are currently doing and what they are not doing.	Committee	7/1/14		Assessment of local healthcare providers completed.	
6. Analyze and summarize data from Step 5.	Committee	8/30/14		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop Healthy Lifestyle Campaign for physicians to include: <ol style="list-style-type: none"> a. Information packets b. Brochures c. Assessment tool for BMI, nutrition, and physical activity counseling 	Committee	9/1/14		Healthy Lifestyle Campaign materials developed.	
8. Provide Healthy Lifestyle Campaign to healthcare providers.	Committee	10/1/14		<ul style="list-style-type: none"> • Healthy Lifestyle Campaign implemented. • Number of materials distributed. • Locations of distribution. 	
9. Re-assess local healthcare providers' practices using assessment tool by noting what they are currently doing and what they are not doing.	Committee	4/1/15		Assessment of local healthcare providers completed.	
10. Summarize findings and compare to data in Step 6 above.	Committee	6/1/15		Findings summarized and compared to initial assessment.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Evaluate and compare to baseline.	Committee	8/31/15		Percentage of adults who are at a healthy weight from 30.5 to 32.5	
12. Determine Next Steps	Committee	8/31/15		Next Steps determined.	

Priority Issue: Obesity

Goal: Decrease the rate of Obesity in Jefferson County.

Objective 2: Increase the percentage of adults who are at a healthy weight from 30.5% to 32.5% by August 31, 2015.

Baseline Measure/Source:

2010 Florida BRFSS Data Report

Jefferson

Overweight & Obesity

Percentage of adults who are overweight or obese

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	69.5	63.0	76.0	65.0	63.8	66.2	71.1
SEX	Men	72.9	62.7	83.1	73.6	71.7	75.5	79.5
	Women	64.7	58.0	71.4	56.5	55.0	58.1	58.4
RACE/ETHNICITY	Non-Hisp. White	66.5	58.4	74.6	63.1	61.9	64.4	69.4
	Non-Hisp. Black	75.4	62.4	88.4	79.1	75.3	82.8	78.9
	Hispanic				66.4	61.9	71.0	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	71.2	58.6	83.9	74.1	72.2	75.9	79.4
	Non-Hisp. White Women	59.8	51.2	68.3	52.2	50.6	53.9	55.2
	Non-Hisp. Black Men	69.8	47.3	92.4	80.1	74.1	86.2	84.0
	Non-Hisp. Black Women	81.5	71.0	92.0	78.2	73.5	82.9	70.8
	Hispanic Men				70.9	63.4	78.4	
	Hispanic Women				62.0	56.6	67.5	
AGE GROUP	18-44	59.8	45.8	73.8	60.7	58.2	63.2	73.0
	45-64	73.1	64.1	82.1	69.8	68.0	71.7	71.8
	65 & Older	72.9	64.4	81.5	63.7	62.2	65.3	64.3

Florida BRFSS 2010

Strategy 2: Provide outreach and education regarding importance of healthy weight to adults in Jefferson.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a Committee.	County Health Department (CHD) staff Big Bend AHEC Local gym Faith-Based	12/2/13		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	12/9/13		Action Plan reviewed/revise.	
3. Research evidence-based programs for Healthy Lifestyle program for adults.	Committee	3/3/13		Research completed.	
4. Research funding opportunities to enhance outreach education promoting Healthy Lifestyles.	Committee	3/3/13		Research completed.	
5. Establish assessment criteria for selecting "best fit" Healthy Lifestyle program for	Committee	4/7/13		Assessment criteria established.	

adults.					
6. Write grant/funding applications	Committee	TBD		Grant/funding application submitted	
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Select program(s) based on assessment criteria.	Committee	TBD		Program(s) selected.	
8. Modify Healthy Lifestyle program(s) as needed.	Committee	TBD		Program(s) modified.	
9. Develop implementation plan for Healthy Lifestyle program to include: a. Location/sites b. Schedule c. Cost d. Participants e. Invitations or announcements f. Evaluation tools g. Sponsor(s) h. Incentives	Committee	TBD		Implementation plan developed.	
10. Develop marketing materials for Healthy Lifestyle program for adults.	Committee	TBD		Marketing materials developed.	
11. Promote Healthy Lifestyles program through outreach events such as: a. Big Bend Better Living b. Churches	Committee Members	Fall 2014		<ul style="list-style-type: none"> • Healthy Lifestyles program promoted. • Outreach events recorded including number of people reached, location, 	

c. Festivals d. Rotary, Kiwanis				materials distributed.	
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Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Market plan to community partners to gain participation.	Committee Winn Dixie Extension	Fall 2014- Spring 2015		<ul style="list-style-type: none"> • Correspondence from partner acquisition. • Partner outreach numbers. • Marketing materials distributed. 	
13. Initiate implementation plan for Healthy Lifestyles program.	Committee	Fall 2014- Spring 2015		<ul style="list-style-type: none"> • Implementation plan started. • Data collected from evaluation tool(s). 	
14. Analyze and summarize data.	Committee	6/30/15		Data summarized.	
15. Evaluate and compare to baseline.	Committee	8/31/15		Increased the percentage of adults who are at a healthy weight from 30.5% to 32.5%	
16. Determine Next Steps.	Committee	8/31/15		Next Steps determined.	

Priority Issue: Teenage Pregnancy																				
Goal: Decrease the rate of Teen Pregnancy.																				
Objective 1: Provide Evidence-Based program(s) focused on youth development and life skills to 50% of all middle and high school students by June 30, 2015.																				
Baseline Measure/Source: Zero students have participated as of 5/5/13.																				
Need to obtain – Number of Middle School students 2014-2015 Number of High School students 2014-2015																				
<table border="1"> <thead> <tr> <th>Indicator</th> <th>Year(s)</th> <th>Rate Type</th> <th>County Quartile^A 1=most favorable 4=least favorable</th> <th>County Rate</th> </tr> </thead> <tbody> <tr> <td>Births to teens 15-19⁷</td> <td>2009-11</td> <td>Rate per 1,000</td> <td>3</td> <td>43.1</td> </tr> <tr> <td>Repeat births to mothers 15-19⁷</td> <td>2009-11</td> <td>Percent</td> <td>4</td> <td>20.0%</td> </tr> </tbody> </table>						Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	Births to teens 15-19 ⁷	2009-11	Rate per 1,000	3	43.1	Repeat births to mothers 15-19 ⁷	2009-11	Percent	4	20.0%
Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate																
Births to teens 15-19 ⁷	2009-11	Rate per 1,000	3	43.1																
Repeat births to mothers 15-19 ⁷	2009-11	Percent	4	20.0%																
Florida CHARTS 2013																				
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results															
1. Form Advisory Committee, training provided.	<ul style="list-style-type: none"> Parents School staff Students Department of Health in Jefferson County 	7/31/13		Advisory Committee formed. Meeting minutes.																
2. Provide training for Advisory Committee.	Department of Health in Jefferson County	8/30/13		Training provided. Certificates to participants.																
3. Review Action Plan and	Advisory	9/30/13		Action Plan																

revise as needed.	Committee			finalized.	
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Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Evaluate evidence-based program curricula to include: a. Department of Health (DOH) in Jefferson County b. Control Disease Center (CDC) program to delay sexual activity. c. Promoting Health Among Teens (PHAT)	Department of Health in Jefferson County	10/30/13	In progress	Curricula evaluated.	
5. Select curricula for implementation in Jefferson County. a. Establish selection criteria. b. Review based on selection criteria.	Advisory Committee	11/30/13		Curricula selected.	
6. Develop marketing campaign to include: a. Parent mail out b. Parent meetings c. Newspaper article d. Auto call from school board e. Schedule	Department of Health in Jefferson County Printing company	1/30/14		<ul style="list-style-type: none"> • Copy of newspaper article • Copy of agenda/minutes • Confirmation from school 	

7. Modify program(s) for use in Jefferson County.	Advisory Committee	3/30/14		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Develop 2014-2015 implementation plan for program delivery to include: a. Schedule b. Printed materials c. Parent forms d. Instructors e. Instructor materials f. Instructor training g. Evaluation tool(s) h. Cost i. Incentives j. Sponsor(s)	Advisory Committee	3/30/14		Implementation plan developed.	
9. Develop presentation for middle & high school principal and/or school board to include: a. Multi-media needs b. Handouts c. Speaker(s) d. Evaluation tool(s) e. Time/date f. Location	Advisory Committee	4/30/14		Presentation developed.	
10. Schedule presentation.	Advisory	4/30/14		Presentation	

	Committee			scheduled.	
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Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Provide presentation to middle/high school principal.	<ul style="list-style-type: none"> • Department of Health in Jefferson County • Parents • School staff • Students 	6/30/14		<ul style="list-style-type: none"> • Presentation provided. • Signed agreement. • Evaluation data collected. 	
12. If agreement not obtained in Step 11, repeat Steps 7-10.	Advisory Committee	TBD		See evaluation measures for Steps 6-10.	
13. If agreement obtained, initiate implementation plan to include: <ol style="list-style-type: none"> Schedule classes Schedule mailing of options out forms Train educators Prepare for classes – material, curriculum, etc. Provide program in schools 	<ul style="list-style-type: none"> • Department of Health in Jefferson County • Parents • School staff • Students 	8/31/14 – 5/30/15		<ul style="list-style-type: none"> • Printed class schedule. • Forms returned. Print out of schedules or schedules of dates. • Check list of material. • Modules ready. • Program provided. • Data collected. 	

14. Analyze and summarize data.	Department of Health in Jefferson County	6/1/15		Data summarized.	
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Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
15. Evaluate Program & compare to Baseline	<ul style="list-style-type: none"> • Department of Health in Jefferson County • Parents • School staff • Students 	6/30/15		50% of students participated in Evidence-Based Program.	
16. Evaluate change in Teen Pregnancy rates.	Department of Health in Jefferson County	6/30/15		Decreased teen pregnancy rates per baseline from Florida CHARTS.	
17. Determine Next Steps.	Advisory Committee	6/30/15		Next Steps determined.	

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Priority Issue: Teen Pregnancy
Goal: Decrease the rate of Teen Pregnancy.
Objective 2: Provide Making A Difference (M.A.D.) focused on youth development and life skills to 50% of elementary students by June 30, 2015.

Baseline Measure/Source:
 As of 5/5/13 zero students have participated.
Need to obtain – Number of Elementary students 2014-2015.

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate
Births to teens 15-19 ⁷	2009-11	Rate per 1,000	3	43.1
Repeat births to mothers 15-19 ⁷	2009-11	Percent	4	20.0%

Florida CHARTS 2013

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form Advisory Committee.	<ul style="list-style-type: none"> Department of Health in Jefferson School staff Parents Students 	8/31/13	In progress	Advisory Committee formed.	
2. Review and revise Action Plan as needed.	Advisory Committee	8/31/13		Action Plan finalized.	
3. Establish evaluation criteria for M.A.D. curriculum.	Advisory Committee	8/31/13		Evaluation criteria established.	
4. Evaluate M.A.D. curriculum	Advisory Committee	9/30/13		M.A.D. curriculum evaluated.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Train educators.	Advisory Committee	Completed		Educators provided certificates.	
6. Develop 2014-2015 implementation plan for program delivery to include: <ul style="list-style-type: none"> a. Schedule b. Printed materials c. Parent forms d. Instructors e. Instructor materials f. Instructor training g. Evaluation tool(s) h. Cost i. Incentives j. Sponsor(s) 	Advisory Committee	10/30/13		Implementation plan developed.	
7. Prepare presentation for elementary/school board.	Advisory Committee	4/30/13		Presentation prepared.	
8. Meet with elementary/principal to sign agreement.	<ul style="list-style-type: none"> • Department of Health in Jefferson • School staff • Parents • Students 	6/1/13	In progress	Signed agreements.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Implement logistics for M.A.D. curriculum to include: a. Schedule classes. b. Print materials/curriculum	<ul style="list-style-type: none"> • Department of Health in Jefferson • School staff • Parents • Students 	6/1/13		Classes scheduled. Materials printed.	
10. Develop marketing campaign to include: a. Parent mail out. b. Parent meeting. c. Newspaper article. d. Auto call form School Board.	<ul style="list-style-type: none"> • Department of Health in Jefferson • School staff • Parents • Students 	6/1/13		<ul style="list-style-type: none"> • Marketing campaign completed. • Mail out sent. • Meeting conducted. • Newspaper article printed. • Auto call from School Board. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Initiate implementation plan to include: <ol style="list-style-type: none"> Schedule classes Schedule mailing of options out forms Train educators Prepare for classes – material, curriculum, etc. Provide program in schools 	<ul style="list-style-type: none"> Department of Health in Jefferson County Parents School staff Students 	8/31/14 – 5/30/15		<ul style="list-style-type: none"> Printed class schedule. Forms returned. Print out of schedules or schedules of dates. Check list of material. Modules ready. Program provided. Data collected. 	
12. Analyze and summarize data.	Department of Health in Jefferson County	6/1/15		Data summarized.	
13. Evaluate program & compare to baseline.	Advisory Committee	8/31/15		<ul style="list-style-type: none"> Pre and post assessments. 50% of students completed Evidence-Based 	

				Program.	
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Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
14. Evaluate change in Teen Pregnancy rates.	Department of Health in Jefferson County	6/30/15		Decreased teen pregnancy rates per baseline from Florida CHARTS.	
15. Determine Next Steps.	Advisory Committee	8/31/15		Next Steps determined.	

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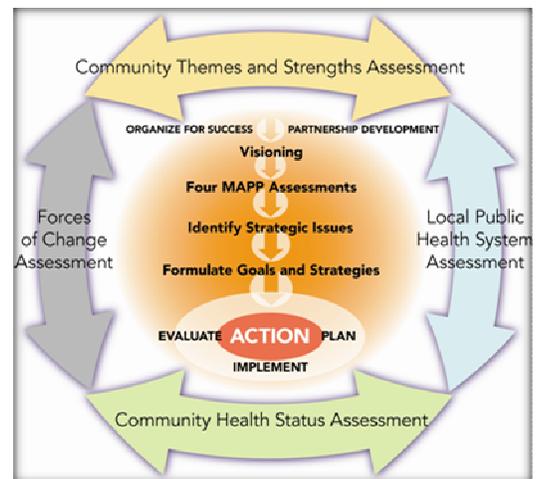
ACTION PLAN LINKAGES

The Community Health Improvement Project planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The Jefferson County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Jefferson County. Through the integrated efforts of the health department and community partners, the desired health outcomes can be addressed in a systematic and accountable manner.

This CHIP plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Jefferson County residents and the larger Florida Department of Health community.

Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Jefferson County Strategic Plan, and is informed by the Community Health Assessment. The CHIP plan can serve as the guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.



The CHIP plan is aligned with the following:

- **Florida Department of Health’s State Health Improvement Plan 2012-2015**

Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.

http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf

- **Healthy People 2020**

This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.

<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>

- **National Prevention and Health Strategies 2011**

Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.

<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

The tables on the following pages identify the linkages between the Jefferson County CHIP and each of the above referenced plans.

Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>Goal: Decrease rate of obesity in Jefferson County.</p> <p>Objective 1: Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015.</p> <p>Objective 2: Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.</p> <p>Strategy 1: Implement a Physician Outreach Campaign.</p> <p>Strategy 2: Provide outreach and education regarding importance of healthy weight to adults in Jefferson.</p>	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers. Identify and address barriers to the dissemination and use of reliable health information.

Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
<p>Goal: Decrease rate of obesity in Jefferson County.</p> <p>Objective 1: Increase the percentage of middle school students who report getting sufficient moderate physical activity by 2% from 20.6% to 22.6% by August 31, 2015.</p> <p>Objective 2: Decrease the percentage of adults who report being overweight or obese from 69.5 to 66.5 by August 31, 2015.</p> <p>Strategy 1: Implement a Physician Outreach Campaign.</p> <p>Strategy 2: Provide outreach and education regarding importance of healthy weight to adults in Jefferson.</p>	Goal CR1	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Coordinate investments in transportation, housing, environmental protection, and community infrastructure to promote sustainable and healthy communities.
	Goal CR2	Build and revitalize communities so people can live healthy lives.	Social Determinants Goal	Create social and physical environments that promote good health for all.	Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable, and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, and develop green facilities and buildings).

Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
<p>Goal: Improve Health Outreach and Education in Jefferson County.</p> <p>Objective 1: Increase by 5% the number of adults who had a medical check-up in the past year in the past year from 67.7% to 72.7% by December 31, 2016.</p> <p>Objective 2: Increase by 5% the percent of students ready for school at kindergarten entry from 92.9% to 97.9% by 12/31/16.</p>	Goal CR3	Provide equal access to culturally and linguistically competent care.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
					Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.

Alignment					
Jefferson County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		Access to Health Services		
<p>Goal: Decrease the rate of Teen Pregnancy.</p> <p>Objective 1: Provide Evidence-Based program(s) focused on youth development and life skills to 50% of all middle and high school students by June 30, 2015.</p> <p>Objective 2: Provide Making A Difference (M.A.D.) focused on youth development and life skills to 50% of elementary students by June 30, 2015.</p>	Goal AC5	Reduce maternal and infant morbidity and mortality.	Maternal, Infant, and Child Health Goal	Improve the health and well-being of women, infants, children, and families.	Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.

Community Health Improvement Plan: Next Steps

Community Health Improvement Plans (CHIPs) are detailed work plans that guide communities through their action steps in order to address priorities that have been defined in the community health profile through community input and review of local health data.

The Jefferson County Community Health Improvement Team developed three action plans for the key health issues of *Injury and Violence, Diabetes and Obesity, and Teen Pregnancy*.



These action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the giving time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Jefferson County Community Health Improvement Committee will work with other community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Jefferson County residents. It is recommended that the Community Health Improvement Committee review the implementation on an annual basis to

update the information and to continually, and collaboratively, improve the health of Jefferson County.



APPENDICES

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Appendix 1: Goals & Strategies Workshop– August 16, 2012

Email to workshop participants

From: Castagna, Nicolette T

Sent: Wednesday, August 01, 2012 2:17 PM

Subject: SAVE THE DATE! Jefferson County Community Health Improvement Planning Session

<p>JEFFERSON COUNTY HEALTH DEPARTMENT</p>  <p>1255 West Washington St. Monticello, Florida 32344</p> <p>Save The Date</p> <p>RSVP to: Nicolette Castagna Phone: (850) 342-0170, ext. 205 Email: Nicolette_Castagna@doh.state.fl.us</p>	<p>COMMUNITY HEALTH IMPROVEMENT PLANNING SESSION</p> <p>Meeting Purpose: To identify main health priorities which impact Jefferson County residents. Using Community Health Assessment data, key issues will be brought forward to use for strategic planning and priority goal setting which will pave the way for community health improvement. A working lunch provided.</p> <p>DATE: Thursday, August 16, 2012 TIME: 10:00 am – 2:00 pm LOCATION: The Monticello Opera House 1255 West Washington St Monticello, Florida 32344</p>
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Workshop participants

Jefferson County Community Health Improvement Project - Strategic Priorities with Goal Statements & Strategies

August 17, 2012 Sign-In Sheet

Name/Title	Organization
Glende Stanley	Big Bend AHEC, BBRHN
Gail Dunmyer	CRMC
Susie West	CRMC
Lynn Elliott	Healthy Start Coalition of JMT, Inc.
Kristin Jackson	Jefferson County Extension Office
John Lilly	Jefferson County Extension Office
Mark Matthews	Jefferson County Fire & Rescue
Kimberly Allbritton	Jefferson County Health Department
Cumi Allen	Jefferson County Health Department
Howell Batts, Public Health Preparedness Coordinator	Jefferson County Health Department
Cindy Brown	Jefferson County Health Department
Judith C. Corbin	Jefferson County Health Department
Matthew Evers	Jefferson County Health Department
Melanie Key	Jefferson County Health Department
Adrian Kinsey	Jefferson County Health Department
Jackie Guyton	Jefferson County Health Department
Chastity McCarthy, Tobacco Prevention Specialist	Jefferson County Health Department
Donna Melgaard	Jefferson County Health Department
Craig Wilson	Jefferson County Health Department
Stephanie Derzypolski	Tallahassee Memorial Healthcare
Amy Stenberg	Tallahassee Memorial Healthcare
Shawn Hamm	Tri-County Family Health (FQHC)
Bobbi Markiewicz	Whole Child Jefferson

Agenda



Public Health
Prevent. Promote. Protect.



Jefferson County Community Health Improvement Project: *Strategic Priorities with Goal Statements & Strategies*

August 16, 2012 Agenda

August 16, Thursday – 10:00am-2:00pm
The Mays House
925 E Washington Street
Monticello, FL 32344

10:00am - 10:15am

Introductions

Workshop Logistics Review

10:15am – 11:00am

Workgroup Assignments

- Participants will review:
 - *Jefferson County Health Profile Executive Summary*
 - *U.S. Census Quick Facts*
 - *Florida Department of Health CHARTS Summary*
- Each participants will:
 - Identify key health issues

11:00am – 11:30am

Strategic Planning

- Participants will be assigned to workgroups to:
 - Identify Health Resources - Identify all resources for achieving a Healthy Jefferson County (e.g., community groups, policies, funding, state/federal partners, etc.)
 - Identify Health Challenges – Identify “*What gets in the way of achieving a Healthy Jefferson County?*” (e.g., insufficient resources, lack of community support, legal or policy impediments, or technological difficulties)
 - Group Key Health Issues into common categories

11:30am - 11:45am	Workgroup Review
	<ul style="list-style-type: none"> • Each workgroup will review and revise the work of the other groups
11:45am – 12:00pm	Break – Working Lunch
12:00pm – 12:30pm	Strategic Planning (continued)
	<ul style="list-style-type: none"> • Individuals will self-assign into an “Issue” workgroup • Each workgroup will identify a <i>GOAL</i> statement for their issue(s) • Each workgroup will identify <i>STRATEGIES</i> to accomplish that <i>GOAL</i>
12:30pm – 12:45pm	Workgroup Round-Robin Review
	<ul style="list-style-type: none"> • Workgroups will review results of other workgroups & provide feedback
12:45pm – 1:30pm	Strategic Planning (continued)
	<ul style="list-style-type: none"> • Workgroups will fine tune their <i>GOAL</i> statement and <i>STRATEGIES</i> • Workgroups will complete the Priorities/Strategies Plan
1:30pm-1:45pm	Workgroup Round-Robin Review
	<ul style="list-style-type: none"> • Workgroups will review results of other workgroups & provide feedback
1:45pm-2:00pm	Workshop Summary & Next Steps

KEY TERMS: Goals and strategies provide a connection between the current reality (what the public health system and the community's health looks like now) and the vision (what the public health system and community's health will look like in the future).

Goals

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to affordable quality health care.

Strategies

- Patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.
- Broad statements that set a direction & communicate how the community will move in that direction.
- Lead to coordinated action by addressing the complexity of seemingly complicated problems, in providing a focus for future action.
- Emphasize action which serves a critical role in linking planning to implementation.

Example:

Strategic issue: How can the public health community ensure access to population-based and personal health care services?

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategies:

1. Establish a community ombudsman program for city and private services.
2. Strengthen coordination among local public health system partners to eliminate gaps in service and improve referral mechanisms among providers (i.e., between mental health and primary care).
3. Increase awareness of available services through the development of an online directory of area public health and health care organizations.
4. Develop the capacity to provide culturally and linguistically appropriate services.
5. Increase education and outreach efforts so that all residents are aware of the population-based and personal health care services available in the community.

For more information:

http://www.doh.state.fl.us/compass/Resources/FieldGuide/2008_Version/6Goals.pdf

Workshop Summary Notes

Priority Issue: A Healthier Population
Goal: Residents of Jefferson County will be empowered to prevent and control chronic and infectious diseases.
Strategies: <ul style="list-style-type: none">• Educate for change in harmful behaviors.• Increase awareness of importance of healthy lifestyle.• Provide incentives to encourage participation in healthy activities.• Provide chronic disease educational classes.• Implement evidence – based strategies to improve health literacy.
Notes: <ul style="list-style-type: none">• Chlamydia high• STD education for teens in schools• STD'S• Sexual abstinence• HIV/AIDS awareness in schools• Chronic disease• Health screening• Education and poverty• Over weight and obesity in adults and youths• Cancer related deaths• Asthma• Respiratory problems• Stroke age adjusted deaths• Heart disease (Blood Pressure, cholesterol)• Melanoma death & incidence rate• Adults diagnosed with high cholesterol• Hospitalizations for diabetes related amputations• Congestive heart failure• Lack of adult physical activity

Priority Issue: Limited Education Resources
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Goal: All persons in Jefferson County will have access to high quality education.
Strategies: <ul style="list-style-type: none"> • Increase educational services available in Jefferson County. • Improve school readiness. • Improve the quality & accountability of Jefferson County schools. • Increase graduation rates from high school.
Notes: <ul style="list-style-type: none"> • Outstanding Facilitator Program (OFP) in schools • Illiteracy • Lack of education • Population with no GED or high school diploma • School is grade F Education • Poor culture for education (not valued) • Health literacy • Low mind set • Lack of sex education in schools • Lack of after school/ out of school programs • Food safety got agencies/ groups who serve good but not business • Need of empowerment of each individual to be in charge of healthiness/ intervention of persons to achieve healthiness

Priority Issue: Unsafe Practices
Goal: All persons living in our community will have a safe environment.
Strategies: <ul style="list-style-type: none"> • Increase enforcement and accountability for moving violations (MVA/speeding). • Work with faith-based organizations to promote safe behavior. • Educate community on importance of use of vehicle safety devices, farm safety, i.e. car seats, seat belts. • Increase awareness and services for victims of neglect (elder, spousal, children).
Notes: <ul style="list-style-type: none"> • Safety • Poor driving practices • Unintentional injuries(falls) • Motor Vehicle Crashes (MVC) injury/mortality in kids • Domestic violence assault • Motor Vehicle Crashes (MVC) death rate • Aggravated assault rate up • MV crashes • DUI

Priority issue: Healthy Lifestyle Changes

Goal: Empower people in our community to make healthy choices and live in a healthy community.

Strategies:

- Provide education on healthy nutrition choices.
- Establish community partnerships to enhance participation of target populations.
- Increase social support for physical fitness & awareness & healthy lifestyle options.
- Provide affordable fruits & veggies for all families in Jefferson County.

Notes:

- High alcohol use
- Obesity
- Diabetes up
- Adults with no vigorous physical activity
- Poor preventative health maintenance behaviors
- No leisure time activity & 5 servings fruit & vegetables
- Enteric disease for children under 6
- Preventable health problems/ behaviors
- Lack of culture of health promotion
- Smoking/ tobacco use
- Physical activity
- Asthma
- Fruit vegetable consumption
- People have to travel too far to buy decent food
- Fast food
- Access to healthy foods
- Nutrition
- High rate of middle and high school are overweight
-

Priority Issue: Limited Healthcare

Goal: All people with in our community will have access to quality, affordable healthcare and other services.

Strategies:

- Increase healthcare services to underserved population in Jefferson County.
- Offer non-traditional/ extended hours of operation for existing facilities.
- Provide transportation to healthcare facilities.
- Evaluate healthcare facilities/staff/services to ascertain why residents are not accessing services.

Notes:

- Safe
- Effective
- Patient centered/ people centered
- Timely
- Efficient
- Equitable
- Lack of access to behavioral/mental health services
- Lack of home healthcare
- Number of dentists
- Uninsured
- Not enough youth recreation activities
- Hospital
- Mental status
- Adult physical activity
- Residents below poverty
- Lack of healthcare
- Preventable hospital visits
- Behavioral health
- Dental
- Family physicians
- Transportation
- Shortage of physicians & dentists
- Social support
- Access to healthcare & other services
- Mobile units to under serve communities

Priority Issue: Maternal/Child Health

Goal: All women of child bearing age will have access to education & maternal child

healthcare services.
Strategies: <ul style="list-style-type: none"> • Provide preconception education to all women of child bearing age. • Educate pregnant women on the importance of maintaining obstetrical care during pregnancy. • Educate women (girls) on the importance of early prenatal care. • Teach parents (guardians) to discuss sexuality w/ their children. • Elect a board of education that will support the above strategies.
Notes: <ul style="list-style-type: none"> • Births to unwed mothers • Prenatal care • Repeat birth to teens • Neonatal/infant death • Teenage pregnancy • Infant mortality • Premature births

Priority Issue: Breaking the Cycle
Goal: All families and individuals living in Jefferson County will live above FPL(Federal Poverty Level).
Strategies: <ul style="list-style-type: none"> • Develop a community – based strategic plan with input from parents, businesses, government entities and civic organizations to improve the educational system in Jefferson County. • Promote economic development. • Encourage faith- based organizations to promote personal responsibility. • Promote a motivated and prepared workforce.
Notes: <ul style="list-style-type: none"> • Poverty • Jefferson County ranked 46 out of 67 in health outcomes • Single parent homes • Children born into households that can't support the child's thriving • A resident below poverty level affects (food purchased, stress, access to service, etc.) • Difference in income between have's & have not's. • Unemployment • Being banked, high rates/under banked • Income levels

Priority Issue: Accountability
Goal: To have a coordinated system of healthcare and health promotion through

collaboration and partnerships.
<p>Strategies:</p> <ul style="list-style-type: none"> • Develop effective community partnerships. • Seek governmental participation in developing healthcare partnerships. • Develop a social networking campaign.
<p>Notes:</p> <ul style="list-style-type: none"> • Community collaboration's partnerships • Need for cerebral resource directory • Gov't and community collaboration • County commissioners don't care about supporting opportunities for the poor

Jefferson County Available Community Health Resources	
<ul style="list-style-type: none"> • Chamber events: <ul style="list-style-type: none"> ○ Watermelon festival ○ Southern music rising ○ Chili cook-off ○ Boo-fest 	<ul style="list-style-type: none"> • Civic organizations: <ul style="list-style-type: none"> ○ Rotary ○ Alturas ○ Lions ○ Kiwanis

<ul style="list-style-type: none"> • Department of Children & Family Services • Extension office • Faith-based churches • Florida A&M University (FAMU) • Federally Qualified Health Center (FQHC) <ul style="list-style-type: none"> ○ Jefferson County Health Department ○ Healthcare center • Florida State University (FSU) • Library • Opera house • Tallahassee Community College - Gazni Health Center • Tallahassee Memorial Health Care • Law Enforcement Officer (LEO) • Emergency Medical Services (EMS) • Early Learning Coalition (ELC) • Tallahassee Memorial Hospital (TMH) • Capital Regional Medical Center (CRMC) • Capital Health Plan • Volunteer Income Tax Assistance (VITA) • Parks & Recreation • Ted Turner Foundation • WIC • Home Healthcare • Community gardens • Local food banks • Parent/child Home Program • Gerry Medical Center • English for Speakers of Other Languages (ESOL) • Prescription asst. • "Quit smoking now" • Chamber of commerce • Senior citizen center 	<ul style="list-style-type: none"> ○ Eastern Stars ○ Retired teachers ○ Crazy quilters • Whole Child • Schools - all levels • Head Start Coalition <ul style="list-style-type: none"> ○ Early Head Start ○ Early Start - Infant screening • Early Learning Coalition (ELC) • United Way • Capital City Bank <ul style="list-style-type: none"> ○ 2nd Chance • Senior Center • Tobacco-free Partnership <ul style="list-style-type: none"> ○ Students Working Against Tobacco (SWAT) • 4-H • Apalachee center • Disc Village • Children's Medical Services (CMS) • Workforce Plus • Local dentist • Shared Services Network • Court administration • Guardians Ad litem Program • Refuge House • Farmers market • Capital Area Community Action Center (CACC) • County – wide screening event • Boy Scouts • Girl Scouts • Brownies • Cub Scouts • Adult education • Healthy Ways • 21st Century Afterschool Program • Pharmacies
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Challenges/Barriers	
<ul style="list-style-type: none"> • Adult-education • County governmental lack of support and acknowledgement of problems • Education • F schools 	<ul style="list-style-type: none"> • Community center/civic center for (recreational & other community functions) • Coordinated referral system • Lack of healthcare providers including specialist

<ul style="list-style-type: none"> • Lack of insurance • Lazy (some), no motivation • Limited access • Money (no grants) • No incentives • Non-compliance • Poverty • Rural (isolation) • Transportation • Unwilling to change • Bible belt • Lack of youth activities • Self-advocacy skill/empowerment 	<ul style="list-style-type: none"> • Lack of social service providers • No local hospital • No mental healthcare • Cultural diversity awareness(Hispanics, Haitians, Southeast Southern values) • Culturally appropriate (materials & info messages) • Health literacy - understanding & reading level • Individual responsibility to own health (lack of acceptance) • Lack of financial/budgeting education • Lack of parent involvement • Lack of technology access
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Appendix 2: CHIP Workshop 1 – April 9, 2013

Email to workshop participants

From: Castagna, Nicolette T

Sent: Wednesday, March 20, 2013 2:18 PM

Subject: SAVE THE DATES! Community Health Improvement Planning Session

<p>FLORIDA DEPARTMENT OF HEALTH MADISON COUNTY</p>  <p>218 S.W. Third Avenue Madison, Florida 32340</p> <p>Save The Date</p> <p>RSVP to: Nicolette Castagna Phone: (850) 342-0171, ext. 205 Email: Nicolette_Castagna@doh.state.fl.us</p>	<p>COMMUNITY HEALTH IMPROVEMENT PLANNING SESSION</p> <p>Meeting Purpose: To develop an Action Plan for the most important health related issues facing our community. Using community health assessment data, strategic planning and input from community stakeholders, we will pave the way for a healthier community. Note this is a two day workshop.</p> <p>DATE: Thursday April 11, 2013 Tuesday April 30, 2013 TIME: 10:00 am–2:00 pm LOCATION: Madison County Extension Office 184 NW College Loop Madison, FL 32340</p> <p><i>A working lunch provided.</i></p>
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CHIP Workshop 1 Participants

Florida Department of Health – Jefferson County Community Health Improvement Project April 10, 2013 Sign-In Sheet – CHIP Session 1

Name/Title	Organization
Matthew Evers	Big Bend Rural AHEC
Liz Acton	Champions
Mario Mena	DISC Village, Inc.
Mindy Virgille	DISC Village, Inc.
Rebecca Weaver	DISC Village, Inc.
Morgan Evers	Early Learning Center
Kimberly Allbritton, Interim Administrator	Florida Department of Health – Jefferson County
Cumi Allen	Florida Department of Health – Jefferson County
Cindy Brown	Florida Department of Health – Jefferson & Jefferson County
Jennifer Brown	Florida Department of Health – Jefferson County Healthy Start
Nicolette Castagna	Florida Department of Health – Jefferson & Jefferson Counties
Mike Gordon, Environmental Health Director	Florida Department of Health – Jefferson County
Colleen Harmon, Business Manager	Florida Department of Health – Jefferson & Jefferson Counties
Chastity McCarthy	Florida Department of Health – Jefferson County
Donna L. Melgaard	Florida Department of Health – Jefferson County
Shanetta Mitchell	Florida Department of Health – Jefferson County
Mark Positano, Environmental Health	Florida Department of Health – Jefferson County
Derylene Proctor	Florida Department of Health – Jefferson & Jefferson Counties
Craig Wilson	Florida Department of Health – Jefferson County
Donna Hagen	Healthy Start Coalition – Jefferson, Jefferson, Taylor
Jana Grubbs	Healthyways, Inc.
Amy Ellison	Healthcare Workforce Network
Julie Conley	Jefferson County Economic Development Council
James Iten	Jefferson County Fire & Rescue
Mark Matthews, Chief	Jefferson County Fire & Rescue
Kristine Jackson	Jefferson County IFAS Extension
Deveda Bellamy	Leon County Health Department/Minority AIDS Coordinator
Fred Mosley, Jr.	Monticello Police Department
Rev. Emma Henderson	Pastor
Nan Baughman, Counselor	Refuge House

CHIP Workshop 1 Agenda

Community Health Improvement Plan 2013

Wednesday – 10:00am-2:00pm
Florida Department of Health in
Jefferson County Monticello
Opera House - 85 W Washington
St Monticello, FL 32345



April 10, 2013 Agenda

- | | |
|--------------------------|---|
| 10:00am – 10:15am | Introductions
Workshop Logistics Review |
| 10:15am - 10:45am | Workgroup Assignments
Participants will be assigned to a workgroup to prioritize issues. <ul style="list-style-type: none">• Review Strategic Priorities & Goals from August 16, 2012 workshop• Review Community Health profile data• Identify <i>Do-able</i> issues – Which Issues/Goals can be <u>realistically</u> impacted in the next 2 years?• Identify <i>Barriers to Action</i> – What barriers <u>must be</u> addressed in order to impact the issue? |
| 10:45am – 11:00am | Group Decision Making <ul style="list-style-type: none">• Issues/goals will be prioritized• Top 2-3 issues/goals will be selected for development in the Community Health Improvement Plan. |
| 11:00am – 11:30am | Goal for each Health Issue <ul style="list-style-type: none">• Participants will self-select into an issue and work together to develop a <i>Goal</i> for the issue. |
| 11:30am -11:45am | Group Review of Goals <ul style="list-style-type: none">• Groups will review each other's work and provide feedback |
| 11:45am-12:15pm | Working Lunch (Lunch provided & networking) |
| 12:15pm-12:45pm | SMART Objectives for each Goal (Issue) <ul style="list-style-type: none">• Participants will develop SMART objectives for the Goal (Issue) |

12:45pm – 1:00pm	<p>SMART Objectives</p> <ul style="list-style-type: none"> • Participants will review each other’s work and provide feedback. • Feedback will be used to refine Goal and SMART Objectives.
1:00pm – 1:30pm	<p>Baseline Measure(s) and Source</p> <ul style="list-style-type: none"> • Participants will identify the current data (Baseline measure) and source for each SMART Objective.
1:30pm – 1:45pm	<p>Group Review</p> <ul style="list-style-type: none"> • Participants will review the Goal, SMART Objectives, and Baseline Measure (and Source) for each issue and provide feedback.
1:45pm – 2:00pm Summary	<p>Community Health Improvement Plan Workshop</p> <p>Next Steps</p>

A Community Health Improvement Plan (CHIP) has been defined as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services.

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.

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CHIP Workshop 1 Summary Notes

<h3>Obesity</h3> <ul style="list-style-type: none"> • Reduce the percentage of obese/over weight women of child bearing age from 49% to 45% by August 31st, 2015. • Youth: increase % youth report engaging in moderate physical activity by 2% by August 31st, 2015. (FYTS) • Adults: increase the % of adults who are at a healthy weight from 30.5% to 32.5% by August 31st, 2015. (Maris, Nicolette, Kim, Kristin, Matt, Morgan, Donna, Colleen, Cindy, Liz, Amy)
<h3>Outreach/Education</h3> <ul style="list-style-type: none"> • Establish an alternative health care provider to address obesity by December 30th, 2016. (Obesity) • Reduce the % of repeat births with mothers between the ages of 15-19 by 5% by December 30th, 2016. (Maternal/Child Health) • Increase the % of kindergarten children entering school at grade level by 5% by December 30th, 2016. (Education) • Increase the use of mobile unit services by 5% by December 30th, 2016. (Medical/Health) (Jim, Mindy, Nan, Fred, Jana, Rev. Henderson, Mark, Deveda, Cumi, Chasity, Julie)
<h3>Outreach/ Education (Mobile Health, Parental Involvement)</h3>
<ul style="list-style-type: none"> • Page was empty, No information.
<h3>Teenage Pregnancy</h3> <ul style="list-style-type: none"> • <u>Provide</u> evidenced based programs to 50% of all middle /high school students by June 30th, 2014. (Captive audience already, may need guardian permission) • <u>Disseminate</u> information via (email, mail, texting) community awareness campaign regarding available services by June 30th, 2014. [To target all Jefferson County residents with specific implementation measures per group] • <u>Implement</u> bi-annual community awareness events for grades 5-12 to promote positive youth development by June 30th, 2014. (+ self –esteem) • <u>Advocate</u> to local and state legislators to provide incentives that motivate/encourage mothers towards self-sufficiency and societal reintegration by June 30th, 2016. (employment, continued education, workforce development) (Donna M, Mike G, Mark P, Jennifer B, Rebecca, Craig W)

Poor Health Behaviors and Healthy Lifestyle Choices

- All schools increase activity level.
- Add nutritional classes and cooking demonstration.
- Petition school district to increase activity time.
- Get parents involved.
- Fund raisers for equipment for physical activity. (Grants)
- Increase water intake.
- Healthy snacks in vending machines.
- Encourage fair pricing of fruits and vegetables.

Limited healthcare/Limited Access

- Maintain and expand medical access.
- Maintain LIP-health department – primary care services. (One sticky note)
- Maintain evening clinics.
- Increase mobile units (Medical/dental) locations.
- Expand community outreach collectively. (One sticky note)
- Gather information through surveys to find ways to educate the community – how did you hear about us?
- Mass mail out – advertising
- Utilize schools to get information out re>ACA.

Chronic, Infectious, Preventable, Controllable Disease

- Chronic disease
 - Reduce hypertension in women. (43.4%, 32.3% state)
 - Reduce BMI of pregnancy aged women. (Reduce premature birth)
 - Increase social support.
 - Decrease cigar use in Jefferson County.
 - Reduce % of adults who are clinically obese.
- Obesity
 - ↑ Physical activity opportunities.
 - Target women's obesity rate.
 - Reduce asthma rates in women.
 - ↑ Cancer screenings: mammography/prostate/melanoma and education. (Seven sticky notes)
- Diabetes
 - ↑ Education and compliance to treatment.
 - Decrease preventable hospital stays.
- Infectious/Communicable
 - Increase immunizations in adults over 65 years old.
 - Increase testing for ID's.

- Increase evidence based sexed programs.
- Increase education abut partner to partner chain.
- TB.
- Health protection.
- Reduce STD rates.
- Increase sex education in school.
- Increase health education opportunities.
- Mobile health services. (Oral health checks, immunizations)
- Lower teen birth rate

(MHU can cover all areas of nee above: highlighted/ gather surveys/ evaluations/ provide f/u and imkage services)

Maternal/ Child Health

- Increase percentage of women who take preventative measures toward unplanned pregnancy.
- Decrease the # of teen births.
- Increase percentage of 18-44 year old persons who have been tested for hiv/aids.
- Increase access to healthcare for women 18-44.
- Eliminate stigma associated with discussing sexuality with children.
- Increase resources associated with prenatal care.
- Increase funding and awareness access to dental care.
- Establish and maintain effective partnerships with child care providers.

- Increase education and awareness associated with proper nutrition and exercise with resources. (One sticky note)

Common Themes

- Mobile health services. (Two sticky notes)
- Teen pregnancy.
- School district involved.
- Increase awareness. (One sticky note)
- Early learning. (One sticky note)
- Access to resources.
- Obesity
- Mentoring/ parental involvement. (Two sticky notes)
- Increase education awareness.
- Nutrition education
- Increase physical activity

Breaking the Cycle

- School readiness programs for 3-5 year olds; place emphasis on program.
- Increase tutors/mentors/volunteers for middle, high school students to improve high school graduation and continuing post graduate education and career training.
- Ready to work program middle/high school.
- Advertise, promote and increase access to adult education.
- Training for educators.
- Teacher incentives.

Limited Educational Resources

- More access to quality pre-k programs. (Data – EBC)
- Mentoring at risk children/youth/parents – toward educational tracks.
- Expand evidenced based early learning home – visiting programs.
- Identify, evaluate problematic areas of communities to address learning deficiencies/ capacities.
- Dropout prevention/ teen pregnancy: comprehensive schools up education/daycare/parenting responsibility/self-empowerment careers. (Parent involvement coordinator)(Explore : FTE accounts and potential)(Four sticky notes)
- Educational enhancement center for GED/ career advancements, faith based leaders: parents – youth, pastor/ education ministries)
- Oversight committee to monitor progress/ challenges/ success etc. semi – annually at a minimum...(One sticky note)
- Magnet program to keep/retain striving students toward excellence.

Accountability

- N/a
- Insert an accountable organization to each issue.
- Good call! This will be inherent in the plan as individual organizations are responsible for various action items.

Unsafe Practices

- Decrease motor vehicle accidents.
 - Reintroduce driver's education.
 - Reinforce seat belt use/awareness.
 - Placing and assuring that appropriate and visible signs are in place. Example; farming, logging, dairy, warning.
 - Revisit responsible driving.
 - Texting
 - Loud music
 - Wearing seat belt
 - Observing the speed limit etc...

- Drinking and driving
- Maintaining a healthy environment.
 - Drinking water – hazard dst areas.
 - Air pollution – indoor and outdoor – smoking tobacco prevention.
 - Water testing days.
- Increase community awareness of negative/abuse. (Four sticky notes)
 - Availability of in school advocacy, churches.
 - Mobile unit in out community.
 - Doctors offices, Jefferson County health department.
 - Bullying
 - Domestic violence
 - Hunger
 - Sexual abuse
- Elderly abuse awareness/advocacy. See above information.
 - Make children aware of the signs and symptoms of negative/abuse. (Elderly/child)
- Faith base.
 - Update resource books.
 - Health fairs.
 - Monthly church bulletin.

Priority Issue: Obesity

Goal (Aim): Decrease the rate of obesity in Jefferson County.

Objective: Reduce the percentage of obese/overweight women of child bearing age from 49% to 45% by August 31, 2015.

Baseline Measure/Source:

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

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Priority Issue: Obesity					
Goal (Aim): Decrease the rate of obesity in Jefferson County.					
Objective: increase % youth report engaging in moderate physical activity by 2% by August 31, 2015.					
Baseline Measure/Source: Florida Youth Tobacco Survey (FYTS)					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Priority Issue: Obesity					
Goal (Aim): Decrease the rate of obesity in Jefferson County.					
Objective: Increase the % of adults who are at a healthy weight from 30.5% to 32.5% by August 31, 2015.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Priority Issue: Outreach & Education					
Goal (Aim): Improve health outreach and education in Jefferson County.					
Objective: Establish an alternative health care provider to address obesity by December 30th, 2016.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Priority Issue: Outreach & Education					
Goal (Aim): Improve health outreach and education in Jefferson County.					
Objective: Reduce the % of repeat births of mothers between the ages of 15-19 by 5% by December 30th, 2016.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

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Priority Issue: Outreach & Education					
Goal (Aim): Improve health outreach and education in Jefferson County.					
Objective: Increase the % of kindergarten children entering school at grade level by 5% by December 30th, 2016.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Priority Issue: Outreach & Education					
Goal (Aim): Improve health outreach and education in Jefferson County.					
Objective: Increase the use of mobile unit services by 5% by December 30th, 2016.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Priority Issue: Teenage Pregnancy					
Goal (Aim): Decrease the rate of teenage pregnancy in Jefferson County.					
Objective: Provide evidenced based programs to 50% of all middle & high school students by June 30th, 2014.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

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Priority Issue: Teenage Pregnancy					
Goal (Aim): Decrease the rate of teenage pregnancy in Jefferson County.					
Objective: Disseminate information, via email, mail, texting, for a community awareness campaign regarding available services by June 30, 2014.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Priority Issue: Teenage Pregnancy					
Goal (Aim): Decrease the rate of teenage pregnancy in Jefferson County.					
Objective: Implement bi-annual community awareness events for grades 5-12 to promote positive youth development by June 30, 2014.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

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Priority Issue: Teenage Pregnancy					
Goal (Aim): Decrease the rate of teenage pregnancy in Jefferson County.					
Objective: Advocate to local and state legislators to provide incentives that motivate/encourage mothers towards self-sufficiency and societal reintegration by June 30th, 2016.					
Baseline Measure/Source:					
Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results

Appendix 2: CHIP Workshop 2 – April 29, 2013

Email to workshop participants

<p>FLORIDA DEPARTMENT OF HEALTH MADISON COUNTY</p> 	<h2>COMMUNITY HEALTH IMPROVEMENT PLANNING SESSION</h2> <p>Meeting Purpose: To develop an Action Plan for the most important health related issues facing our community. Using community health assessment data, strategic planning and input from community stakeholders, we will pave the way for a healthier community. Note this is a two day workshop.</p> <p>DATE: Thursday April 11, 2013 Tuesday April 30, 2013 TIME: 10:00 am–2:00 pm LOCATION: Madison County Extension Office 184 NW College Loop Madison, FL 32340</p> <p><i>A working lunch provided.</i></p>
<p>218 S.W. Third Avenue Madison, Florida 32340</p> <p>Save The Date</p> <p>RSVP to: Nicolette Castagna Phone: (850) 342-0171, ext. 205 Email: Nicolette_Castagna@doh.state.fl.us</p>	

CHIP Workshop 2 Participants

Florida Department of Health in Jefferson County Community Health Improvement Project April 29, 2013 Sign-In Sheet – CHIP Session 2

Name/Title	Organization
Patricia G. Kitchen, RN	Capital Area Chapter, American Red Cross
Mario Mena	DISC Village, Inc.
Mindy Virgille	DISC Village, Inc.
Rebecca Weaver	DISC Village, Inc.
Kimberly Allbritton, Interim Administrator	Florida Department of Health – Jefferson County
Cumi Allen	Florida Department of Health – Jefferson County
Jennifer Brown	Florida Department of Health – Jefferson County Healthy Start
Nicolette Castagna	Florida Department of Health – Jefferson & Jefferson Counties
Mike Gordon, Environmental Health Director	Florida Department of Health – Jefferson County
Colleen Harmon, Business Manager	Florida Department of Health – Jefferson & Jefferson Counties
Chastity McCarthy	Florida Department of Health – Jefferson County
Mark Positano, Environmental Health	Florida Department of Health – Jefferson County
Derylene Proctor	Florida Department of Health – Jefferson & Jefferson Counties
Craig Wilson	Florida Department of Health – Jefferson County
Jana Grubbs	Healthyways, Inc.
Amy Ellison	Healthcare Workforce Network
Julie Conley	Jefferson County Economic Development Council
Miranda Gillyard	Jefferson County Elementary PTA
Al Coksy	Jefferson County School District Superintendent
Deveda Bellamy	Leon County Health Department/Minority AIDS Coordinator
Fred Mosley, Jr.	Monticello Police Department
Rev. Emma Henderson	Pastor
Nan Baughman, Counselor	Refuge House
Bobbi Markiewicz	Whole Child Jefferson

CHIP Workshop 2 Agenda

Community Health Improvement Plan 2013

Monday – 10:00am-2:00pm

Florida Department of Health in Jefferson
County Monticello Opera House - 85 W
Washington St Monticello, FL 32345



April 29, 2013 Agenda

- | | |
|--------------------------|--|
| 10:00am – 10:15am | Introductions
Workshop Logistics Review |
| 10:15am - 10:45am | Workgroup Assignments
Participants will be self-assigned to an Action Plan workgroup and review & refine the <i>GOAL</i> and <i>OBJECTIVE</i> . Workgroups will also identify the baseline data and source for each <i>OBJECTIVE</i> . <ul style="list-style-type: none">• Obesity• Healthy Lifestyles (STDs)• Maternal & Child Health• Injury Prevention & Education |
| 10:45am – 11:00am | Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback. |
| 11:00am – 11:45am | ACTIVITIES for Action Plan <ul style="list-style-type: none">• Each workgroup will identify the <i>ACTIVITIES</i> for each <i>OBJECTIVE</i> in their Action Plan. |
| 11:45am-12:15pm | Working Lunch (Lunch provided & networking) |
| 12:15pm-12:30pm | Group Review <ul style="list-style-type: none">• Workgroups will review each other's work and provide feedback. |
| 12:30pm – 1:00pm | Action Plan Completion <ul style="list-style-type: none">• For each <i>OBJECTIVE</i> in their Action plan, workgroups will identify:<ul style="list-style-type: none">• Lead Role & Community Resources• Target Date for Completion• Evaluation Measure. |

- NOTE – the Action Plan will end with measuring against the baseline measure to determine impact/success

1:00pm – 1:30pm

Group Review

- Workgroups will review each other’s work and provide feedback.

1:30pm – 1:45pm

Action Plan Final Revision

- Based on feedback, workgroups will finalize their Action Plan(s).

**1:45pm – 2:00pm
Summary**

Community Health Improvement Plan Workshop

Next Steps

A Community Health Improvement Plan (CHIP) has been defined as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services.

Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

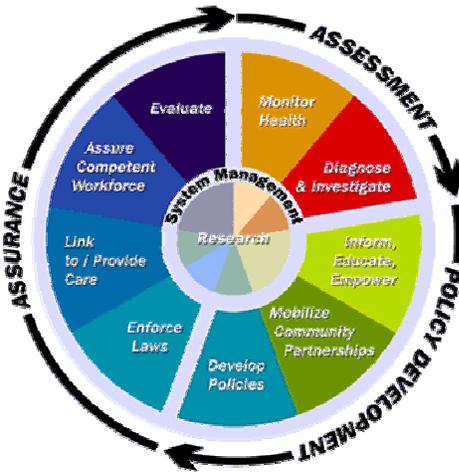
Example:

Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Objective:

1. Develop an online directory of area public health and health care organizations by June 30, 2014.
2. Advertise the online directory to community residents at 100% of county facilities (e.g., schools, library, government offices) and primary care and health care facilities by December 30, 2014.



From: <http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

